

Hampshire Scouting

Application for Activity Instructor Training Course or Adventurous Activity Permit Assessment Grant

Part 1. To be completed by the applicant for the Instructor Qualification or Activity Permit

PERSONAL DETAILS

First name(s)		Surname		
Title		Date of birth		
		Maiden name (if applicable)		
Address				
		Postcode		
Contacts	Day		Mobile	
Email				

SCOUTING DETAILS

Current Scouting appointment (if applicable)		Membership Number	
Group / Unit & District			

REFERENCE *(please give the name & contact details of someone who can provide HCSC with a reference)*

Name		Contact Tel No	
Email			

TRAINING FOR WHICH SUPPORT IS REQUESTED

Activity			
Description of permit or qualification sought			
Awarding Body (NGB Courses only)			
Course/Assessment Provider:			
Cost of course/assessment:	£	Planned Dates (if known)	

COURSE FEE SUPPORT

Before returning this grant application to Hampshire County Scout Council, you should also approach your Group, District, Activity Club or Campsite for financial support. Hampshire County Scout Council will consider reducing the course fee by up to 50%. HCSC will not contribute towards travel or accommodation costs (unless part of the course fee) incurred to attend the course. If you have been successful in obtaining support funding from your other sources, please specify below the sum you have been awarded.

Support received from other sources:	£	Name of supporting District, Group, Activity Club etc.	
--------------------------------------	---	--	--

DECLARATION

I apply for an Activities Instructor Training Course/Adventurous Activity Permit Assessment Grant from Hampshire County Scout Council. If a grant is made I will apply for a specific course/assessment within the specified time. I understand that any approval will otherwise lapse.
I agree that if I am successful in obtaining a qualification funded wholly or partly by a grant arising from this application I will promptly apply for any related Adventurous Activity Permit if required to deliver the Activity to Scouts and I undertake to make my best endeavours to meet the County's "Expectation of Provision" of the relevant Activity to Scouts as set out in the Notes to the scheme. I understand that this Agreement is binding on me in honour only and is not intended to be enforceable at law.

Applicant's Signature		Date	
-----------------------	--	------	--

Now send this form to the County Office, Ferny Crofts, Beaulieu Road, Brockenhurst, Hampshire, SO42 7YQ or email an electronic copy to county.office@scouts-hants.org.uk

Part 2. Decision

Approval by ACC (Activities)			
I <u>approve</u> a grant of	£	Approved	to support the activity Instructor training/assessment described at Part 1
(If no grant is approved, write "NIL" in the space above)			
The grant is to remain available to the applicant for this purpose until:		(Date)	
If this grant attracts partial reimbursement from Gilwell under the Assessor Funding scheme tick here:			
Signature of ACC (Activities)		Date	

Part 3.

To the Applicant:

Booking the training or assessment with a course provider

Hampshire Scouting is pleased to be able to make the grant shown as "Approved" at part 2 above to support your Activity Instructor training or assessment. The funds will be kept available to you until the date shown, after which the grant will lapse if not taken up.

You should apply to an appropriate course provider as soon as possible. Send the course provider's invoice together with this form to the County Office with any additional cheque(s) covering the difference between the amount of the County grant and the course provider's fee. Cheques should be made payable to "Hampshire County Scout Council".

If you have already paid for the course in full or in part, then please send the course provider's receipt along with this form and any balance of the course fee (if appropriate). Cheques should be made payable to "Hampshire County Scout Council".

On completion of the course, you must send to the County Office evidence that you attended the course. Failure to send any evidence will result in the County seeking reimbursement of the grant awarded to you.

Part 4.

DRAW-DOWN of GRANT

(This form may be folded so that the address below shows through the window of a standard window envelope).

To
Hampshire County Scouts
County Office
Ferry Crofts
Beaulieu Road
Brockenhurst
Hampshire
SO42 7YQ

Either: *I enclose a course provider's invoice and any additional cheque(s) covering the difference between the amount of the County grant and the course provider's fee.*

Or: *I enclose the course provider's receipted invoice and seek reimbursement up to the amount of the County grant.*

Signature		Date	
-----------	--	------	--